

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000070643

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

**Entity Name:** HARMON-MOORE SECURITY AND CONSULTING, INC

**Current Principal Place of Business:**

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

34020 ORCHARD DRIVE  
DESOTO, KS 66018

**Current Mailing Address:**

709 CAPE CORAL PARKWAY WEST  
CAPE CORAL, FL 33914

**New Mailing Address:**

34020 ORCHARD DRIVE  
DESOTO, KS 66018

**FEI Number:** 26-2899707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWAN, LAWRENCE  
14250 ROYAL HARBOUR COURT UNIT 517  
FORT MYERS, FL 339086570 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: HARMOM-MOORE, JARED  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: VPST ( ) Delete  
Name: HARMON-MOORE, TARA  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: HARMON-MOORE, TARA  
Address: 709 CAPE CORAL PARKWAY WEST  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HARMOM-MOORE, JARED  
Address: 34020 ORCHARD DRIVE  
City-St-Zip: DESOTO, KS 66018

Title: VPST (X) Change ( ) Addition  
Name: HARMON-MOORE, TARA  
Address: 34020 ORCHARD DRIVE  
City-St-Zip: DESOTO, KS 66018

Title: D (X) Change ( ) Addition  
Name: HARMON-MOORE, TARA  
Address: 34020 ORCHARD DRIVE  
City-St-Zip: DESOTO, KS 66018

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA HARMON-MOORE

VPST

06/22/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date